

Impact of Influenza Vaccine Shortage on the Tacoma Pierce County Health Department

In Pierce County, two of the three health care systems did not receive any of their vaccine due to exclusive orders with Chiron they would need between 5,000-10,000 to meet their staff and high risk patients. Twenty-four of the 27 long term care facilities have no vaccine; they would need about 3,000 doses. Private provider offices receipt of vaccine is sporadic, exact figures are unknown. We have approximately 1100 family practice physicians, pediatricians, internal medicine physicians, and OBGYN providers in primary care. We convened a flu forum October 11, 2004, here at the Department for all large stakeholders with a subsequent email list for further communication. We've been updating clerical and web site with any new information as it becomes available. Unique to primary care, we don't have any public clinics, all of our general public is dependant on mass vaccination clinics if their providers do not supply vaccine; with the redistribution process at Centers for Disease Control (CDC) level, counties like ours are very likely to be overlooked. Please advocate for Pierce County's general public vaccine need.

We will be holding a yet-to-be-announced flu clinic for health care workers and general public mid month at the Tacoma Dome. This will be in conjunction with the Visiting Nurses of America (VNA) and Tacoma Dome. Only 1500 doses are available. It is unknown at this time if we will be able to repeat such an effort.

Vaccine for Children (VFC) vaccine delivery has been paltry, less than 20% of total vaccine expected with no idea when we may see the rest though we've been told we are to see nearly all of our original orders/allocations.

Please make the recommendation that Federal Drug Administration (FDA) make specific standardized agreements that would prioritize public health and health care agencies to receive their vaccine first every year; if this was in place, our health care systems would not be in a position of having zero doses of vaccine. Also, retailers should not get their vaccine before medical providers. This practice has discouraged providers to carry vaccine themselves due to wasted doses.

Also, I would encourage the FDA to clear appropriate channels with foreign manufacturers to ensure immediate importation of foreign vaccine can happen should a similar situation occur in years to come.

Due to the proprietary nature of distribution channels of both manufacturers, we in public health are not informed of product flow into our counties. If again, the FDA had contractual verbiage that would divulge such information to public health entities in times of severe shortage/crisis, we would be in better position to inform our residents, your constituents. It would be helpful for the State Board of Health (SBOH) to make public aware that local health jurisdictions (LHJ) do not have any control over vaccine distribution.

We need more manufacturers in the market place for supply diversification. The federal government must make this legislation a top priority; either take over vaccine production or provide incentives to manufacturers to get into the flu vaccine business. Another option is to do what Canada does, have the provincial/state health department order all doses needed by their territories and handle direct distribution to the providers.

Will the SBOH be involved in -The "Flu Protection Act of 2004," S. 2038/HR 3758 which requires the CDC to conduct a public education campaign prior to the flu season, contract with vaccine manufacturers to ensure adequate supply and that the shots are available throughout the flu season, invest in research for alternative vaccines with a faster production time and develop a contingency plan to protect high-risk populations when shortages occur?

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